Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date: | 08/01/2014 | Street: | 3800 N Blk of 750 East | |
|--|--|--|---|--|
| Iucident #: 14ISPC006439 | | Apt, Lot, Re | Apt, Lot, Room #: | |
| County: | Noble | City: | Kendallville | |
| Type of Laboratory Seizure (check one) | | Seizure Locatio | Scizure Location (cheek all that apply) | |
| X Lab Scizure Chemical Seizure Equipment Seizure Dumpsite Seizure | | Residence Outbuilding Vehicle Other: | Business | |
| Apt., hotel, r | nulti-family dwelling: Shared HVAC | : 🔲 Yes 🗌 No | Unknown | |
| Items Found | : Location (bedroom, kitchen, open air, e | tc) (check alf that ap | aply) | |
| ☑ One Pot or Birch Reaction(s): Open Air ☐ Red Phosphorous/Iodine Reaction(s): ☐ Hydrochloric Acid Gas Generator(s): ☐ Flammable Solvents: ☐ Water Reactive Metal (Lithium): Child under age 18 discovered (check appropriate) | | Corrosi Ammo | Anhydrous Ammonia: Corrosive Acid: Corrosive Base: Ammonium Nitrate/Sulfate: Other (item and location): | |
| | | 13.3 | ate: en 🗆 1 🗖 e | |
| Yes (number present) No Children not present but evidence they reside or visit often | | Living conditions of home: clean disarray unclean Estimated length of time manufacturing had been | | |
| | | _ | occurring: Additional Information; | |
| Vehicle, Tra | vel Trailer, RV or Watercraft Inform | nation: | | |
| Owner: VIN: Year: | | Make: Model; Color; | · · · · · · · · · · · · · · · · · · · | |
| This report h | as been faxed* or emailed to the fol | lowing agencies t | hat serve the location: | |
| Fire Department: <u>Avilla PD</u> Health Department County: <u>Noble Co</u> Department of Child Services Hotline: <u>deshotlinereports</u> | | Fax: <u>ema</u> | Fax: <u>emailed</u> Fax: <u>emailed</u> s@des.in.gov Fax: 317-234-7595 or 317-234-7596 | |
| | rmation regarding this methamphetam fficer: M. C. Toles Phone | ine laboratory, co 260-432-8661 | ntact | |
| 4mm : (* | 6 11 d T B | | | |

^{*}This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.